

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **13284**

FILED APR 21 1953

BIRTH NO. _____		REG. DIST. NO. <u>37</u>		PRIMARY REG. DIST. NO. <u>4049</u>		Registrar's No. <u>16</u>	
1. PLACE OF DEATH a. COUNTY <u>Boone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Centralia</u>		c. LENGTH OF STAY (in this place) <u>2 Years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sturgeon</u>		<u>0100</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hulen Nursing Home</u>				d. STREET ADDRESS (If rural, give location) <u>Sturgeon, Missouri</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Eula</u>		b. (Middle) <u>Elizabeth</u>		c. (Last) <u>Sims</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 10 1953</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>3-19-1876</u>	
9. AGE (in years last birthday) <u>77</u>		10. IF UNDER 1 YEAR Days <u>21</u> Hours _____		11. IF UNDER 1000 Days _____		12. IF UNDER 1000 Hours _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Boone County - Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>							
13a. FATHER'S NAME <u>George Sims</u>				13b. MOTHER'S MAIDEN NAME <u>Sarah Elizabeth Barnes</u>		14. NAME OF HUSBAND OR WIFE <u>M. Anderson Sims</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Ida Lee Maidens Sturgeon-Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Regeneration</u> INTERVAL BETWEEN ONSET AND DEATH <u>known</u> ANTECEDENT CAUSES DUE TO (b) <u>Chronic Myocarditis</u> <u>years</u> DUE TO (c) <u>Rheumatic Heart</u> <u>years</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Paralytic agitans</u> <u>years</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <u>YES</u> <input type="checkbox"/> <u>NO</u> <input checked="" type="checkbox"/>		<u>415X</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>4-8-51</u> , 19 <u>51</u> , to <u>4-10-53</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>4-6-53</u> , 19 <u>53</u> , and that death occurred at <u>12:50 PM</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Deceased or Title) <u>P. O. Baker, D.O.</u>				23b. ADDRESS <u>Centralia Mo.</u>		23c. DATE SIGNED <u>4-11-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-12-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Union Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Missouri</u>	
DATE REC'D BY LOCAL REG. <u>April 13-1953</u>		REGISTRAR'S SIGNATURE <u>Maud McBride</u>		25. JUDICIAL DIRECTOR'S SIGNATURE <u>Bill H. Meador</u>		ADDRESS <u>Centralia, Missouri</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 1 1953

MAY 1 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed

*Bill J. Meador*

Licensed Embalmer No. *4876*

P. O. Address

*Centralia, Missouri*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.